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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/609,137
Filing Date	06/26/2003
First Named Inventor	Soheil SHAMS
Art Unit	
Examiner Name	
Attorney Docket Number	016472-0311717

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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The reasons for this request are: Client has requested that we cease work on its matters and transfer files to the client.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dr. Soheil Shams				
Address	Biodiscovery, Inc. 2121 Rosecrans Ave., Suite 3315				
City	El Segundo	State	CA	Zip	90245
Country	USA				
Telephone	310.414.8100			Email	sshams@biodiscovery.com
Signature					
Name	James G. Gatto			Registration No.	32694
Date	September 18, 2006			Telephone No.	703.770.7754

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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